

**COUNTY OF MILWAUKEE**  
**APPLICATION FOR ACCRUED TIME OFF DONOR PROGRAM**  
**RECEIVE ACCRUED DONATED TIME**

Date: \_\_\_\_\_

To: Director of Human Resources  
DAS - Human Resources  
Room 210, Courthouse  
901 N. 9th Street  
Milwaukee, WI 53233

Subject: **APPLICATION FOR ACCRUED TIME DONOR PROGRAM - TO RECEIVE DONATED TIME**

Chapter 17.186 of the General Ordinances of Milwaukee County, Accrued Time Off Donor Program for Employees Who Have Exhausted All of Their Accrued Sick Leave, provides that an employee who has utilized all of his/her available accrued off time, including sick leave because he/she is suffering from a potentially terminal illness, is allowed to receive donations of accrued time off from other employees who have elected to donate accrued time off to that employee in need of such time. Only employees who are not represented by a collective bargaining unit and those employees who are members of a collective bargaining unit which has elected to recognize the Accrued Time Off Donor Program in its memorandum of agreement, or by a collateral agreement with Milwaukee County, shall be eligible to donate time to an individual eligible for receipt of such time.

STATEMENT OF INTENT

I, \_\_\_\_\_, hereby request authorization to participate in the Time Off Donor Program as outlined in Chapter 17.186 of the General Ordinances of Milwaukee County, due to a potentially terminal illness as substantiated by the attached physician statement.

RELEASE OF INFORMATION

To my attending physician:

I authorize you to release requested information about my medical condition, my ability to perform my job related duties and my eventual return to work to my employer, Milwaukee County Government, or their duly authorized representatives. I understand Milwaukee County reserves the right to obtain an outside medical opinion as to the nature of my illness and expected outcome.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

PRINT THE FOLLOWING INFORMATION:

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_

DEPARTMENT NAME: \_\_\_\_\_

PAYROLL UNIT NUMBER: \_\_\_\_\_

August 26, 2004